

Form RF-1

Rev. 4/96

Insurer Name: The Medical Protective Company

NAIC Number: 11843

Name of Advisory Organization Whose Filing You Are Referencing None

Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____

Reference Filing #: N/A Proposed Effective Date: Upon Approval

Contact Person: Phillip Troyer

Signature: _____

Telephone No: 800-348-4669

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Physicians & Surgeons Professional Liability	0.0%	0.0%					
TOTAL OVERALL EFFECT	0.0%						

N/A	Apply Lost Cost Factors to Future? (Y or N)
0.0%	Estimated Maximum Rate Increase for any Arkansas Insured (%)
0.0%	Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

5 Year History								Selected Provisions		
		Rate Change History		AR Earned	Incurred	Arkansas	Countrywide		<u>C.M.</u>	<u>Occ.</u>
Year	Policy Count	%	Eff. Date	Premium (000)	Losses (000)	Loss Ratio	Loss Ratio	A. Total Production Expense	4.9%	4.9%
2001	104	16.0%	01/01/01	701	(2,253)	-3.214	0.536	B. General Expense	10.9%	10.9%
2002	92	50.0%	01/01/02	780	1,302	1.670	0.829	C. Taxes, License & Fees	3.2%	3.2%
2003	74	21.0%	02/01/03	870	271	0.312	0.771	D. Underwriting Profit & Contingencies	5.0%	5.0%
2004	47	10.0%	02/01/04	773	254	0.329	0.550	E. Other (Explain)	0.0%	0.0%
2005	34	22.6%	02/01/05	617	(558)	-0.904	0.612	F. TOTAL	24.0%	24.0%